

## APPLICATION FOR A CERTIFIED RECOVERY RESIDENCE

### IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

A recovery residence is a housing facility that (i) is certified by DBHDS in accordance with this chapter; (ii) provides housing to individuals with substance use disorders and to individuals with co-occurring mental illnesses and substance use disorders; and (iii) that does not include clinical treatment services.

The Code of Virginia § 37.2-431.1 provides that no person shall advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is a certified recovery residence unless it has been certified by the Virginia Department of Behavioral Health and Developmental Services (“DBHDS”). Each location that an entity seeks to operate as a recovery residence shall comply with the requirements of 12VAC35-260, including: meet the standards of a credentialing entity identified in 12VAC35-260; hold a credential, accreditation, or charter from The Virginia Association of Recovery Residences or Oxford House; and be included on the certification list maintained by DBHDS. Below you will find a Statement of Certification for Recovery Residences Application, which must be completed for each location you seek to operate as a certified recovery residence. **A separate application is required for each service site location.**

Please type or print legibly all required information. Should you have any questions, please contact the Office of Recovery Services at kristine.konen@dbhds.virginia.gov. Return Completed Application to: kristine.konen@dbhds.virginia.gov.

### Statement of Certification for Recovery Residences Application

A Statement of Certification is issued once your application has been reviewed and approved by DBHDS and the recovery residence has passed a site inspection conducted by an approved credentialing entity.

Residence Mailing Address: (City, State, Zip Code)	Tax ID:
Main Contact Phone Number:	Fax Number:
<b><i>Owner’s Name and Contact Number:</i></b>	
<b><i>Owner’s Email Address:</i></b>	
<b><i>Organization’s Contact Number:</i></b>	
<b><i>Organization’s Email and Website:</i></b>	
<p><b>I attest this organization has met the credentialing requirement with the Virginia Association of Recovery Residences (VARR) or charter requirement with Oxford House inclusive of providing evidence it complies with minimum square footage requirements related to beds and sleeping rooms. In addition, I attest the Level of Support this House offers has been communicated to each resident.</b></p> <hr/> <p>Effective Date: _____</p> <p>VARR Certification #: _____</p> <p>Level of Support (please circle): <u>  </u> 1, 2, 3, or 4 <u>  </u></p> <p>We are utilizing the REC-CAP assessment: <u>  </u> Yes <u>  </u> or <u>  </u> No <u>  </u></p> <p>We are utilizing the Get Help platform: <u>  </u> Yes <u>  </u> or <u>  </u> No <u>  </u></p>	
<p>Effective Date: _____</p> <p>Oxford House #: _____</p> <p>Level of Support: <u>  </u> Self-governed/unstaffed <u>  </u></p>	

Populations Served	
<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Co-ed <input type="checkbox"/> Women with Children <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Veterans <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Transitional Aged Youth <input type="checkbox"/> Co-occurring disorders <input type="checkbox"/> Other: _____	
1. Is your organization abstinence based? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your organization accept individuals receiving medication assisted treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does your organization conduct routine drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. DBHDS Region of Recovery Residence: <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3A <input type="checkbox"/> Region 3B <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5	

**Continued Verification of Compliance with Requirements for Certification**

Any recovery residence that fails to maintain a credential, accreditation, charter from, or membership in a credentialing entity as required by this chapter shall be removed from the certification list. From the date DBHDS approves your application, you must submit evidence annually that you maintain the required credential, accreditation, charter from, or membership in an approved credentialing entity to demonstrate continuing compliance with Certified Recovery Residences regulations [12VAC35-260].

**Terms of Acknowledgment**

I have read and understand the Code of Virginia § 37.2-431.1 and DBHDS Certified Recovery Residences regulations [12VAC35-260] concerning requirements for recovery residences. By signing below, I certify that the information provided in this application and attachments is true and correct.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant’s Representative                      Title or Position                      Date

For DBHDS Office of Recovery Services office use only:	
Date application received:	Application approved:
Received by:	Application denied for the following reason:
	Decision Date:

Primary DBHDS Regions	
<b>DBHDS Region 1</b> (9 CSBs)	<b>DBHDS Region 3</b> <i>(continued)</i>
Alleghany Highlands CSB	New River Valley Community Services
Harrisonburg-Rockingham CSB	Piedmont Community Services <sup>2</sup>
Horizon Behavioral Health	Planning District One Behavioral Health Services
Northwestern Community Services	Southside CSB <sup>2</sup>
Rappahannock Area CSB	<b>DBHDS Region 4</b> (7 CSBs)
Rappahannock-Rapidan CSB	Chesterfield CSB
Region Ten CSB	Crossroads CSB
Rockbridge Area Community Services	District 19 CSB
Valley CSB	Goochland-Powhatan Community Services
<b>DBHDS Region 2</b> (5 CSBs)	Hanover County CSB
Alexandria CSB	Henrico Area MH and Developmental Services
Arlington County CSB	Richmond Behavioral Health Authority
Fairfax-Falls Church CSB	<b>DBHDS Region 5</b> (9 CSBs)
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	Chesapeake Integrated Behavioral Healthcare
Prince William County CSB	Colonial Behavioral Health
<b>DBHDS Region 3</b> (10 CSBs)	Eastern Shore CSB
Blue Ridge Behavioral Healthcare <sup>1</sup>	Hampton-Newport News CSB
Cumberland Mountain CSB	Middle Peninsula-Northern Neck CSB
Danville-Pittsylvania Community Services <sup>2</sup>	Norfolk CSB
Dickenson County Behavioral Health Services	Portsmouth Department of Behavioral Healthcare Services
Highlands Community Services	Virginia Beach CSB
Mount Rogers CSB <i>(continued next column)</i>	Western Tidewater CSB

<sup>1</sup> Part of sub-region 3.a in Region 3

<sup>2</sup> Part of sub-region 3.b in Region 3

There are two sub-regions in Region 3, sub-regions 3.a and 3.b, related to the catchment areas of DBHDS Catawba Hospital (adult psychiatric beds) and Southern Virginia Mental Health Institute, respectively; utilization of beds in those state hospitals; and the allocation and use of DAP and LIPOS funds. CSBs in these sub-regions are part of Primary DBHDS Region 3 for all other purposes.

Region 3 Sub-regions	CSBs
Sub-region 3.a	Blue Ridge Behavioral Healthcare
Sub-region 3.b	Danville-Pittsylvania Community Services
	Piedmont Community Services
	Southside CSB